

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8402

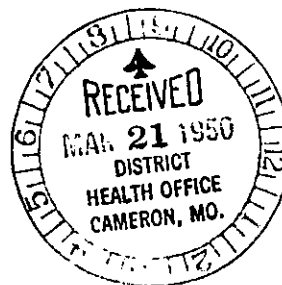
BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dallas Twp)</u> <u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ried Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile E. Martinsville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eva</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Nichols</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>15</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-14-1878</u>		9. AGE (In years last birthday) <u>71</u> 10. MONTHS <u>8</u> 11. DAYS <u>1</u> 12. HOURS <u>1</u> 13. MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Henry Magee</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Pearson</u>		14. NAME OF HUSBAND OR WIFE <u>Orton N. Nichols</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orton N. Nichols, Martinsville</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>50</u> , to <u>3-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at <u>3:20 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Reed</u>		23b. ADDRESS <u>50 Bethany Mo.</u>		23c. DATE SIGNED <u>3-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>		24d. LOCATION (City, town, or county) <u>Martinsville, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>Mar-17-1950</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. B. Bithany</u> ADDRESS <u>Ma</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1958

MAR 5 1957



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W B Nease

Signed _____

Student Embalmer

Licensed Embalmer No. 3899

P. O. Address. Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.